



Benefit Options

## APPENDIX: PLAN SPECIFICS

### 2022 MEDICARE DENTAL BENEFITS:

**All Wellcare Health Plans – AL, AZ, FL, GA, IN, KS, LA, MA, ME, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, SC, TN, TX, WA**

**The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.**

Envolve Dental has partnered with Wellcare Medicare Advantage health plans across the country to administer preventive and comprehensive dental benefits for Medicare-eligible members. For 2022, many of the plans are branded Wellcare, while many are branded Wellcare By Allwell, Wellcare By Trillium, or Wellcare by Health Net, depending on the state.

### MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 7/24

- For specific individual member benefits and eligibility, access Envolve Dental's Provider Web Portal ([envolvedental.com/logon](http://envolvedental.com/logon))
- You may also call Customer Service to reach Envolve Dental's automated member eligibility-verification system

### COVERED DENTAL SERVICES AND CODES

For a summary of Medicare dental benefits view the Medicare Benefit Summary Tool at [envolvedental.com](http://envolvedental.com). For detailed coverage and coding information, please visit Envolve Dental's Provider Web Portal (PWP): [envolvedental.com/logon](http://envolvedental.com/logon) and use the Dental Code Search online tool. Please also see plan Exclusions and Limitations.

### DENTAL CLINICAL POLICIES

In conjunction with the benefit codes and information found online, please be sure to review Envolve Dental's clinical policy guidelines and criteria found on the [Provider Web Portal](#) prior to providing services. These policies also include listings of required documentation to support your submissions.

### PRIOR AUTHORIZATION REQUIREMENTS

Medicare dental benefits do not require authorization prior to the service being rendered. Envolve Dental also does not process pre-determinations of coverage. Please proceed with care as set out in the member's evidence of coverage and the benefit limitations outlined in the benefit addendum. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

Envolve Dental considers all benefits and applies clinical standards to them, explicitly outlining for providers what conditions must be present for the covered benefits to apply. Providers should measure intended services to the clinical criteria before treatment begins to assure proposed services meet medical necessity criteria and appropriateness of care. To view requirements by covered code, visit [envolvedental.com/logon](http://envolvedental.com/logon) and search using the online grid tool. Please maintain medical necessity documentation supporting services provided in the member's record.

### CLAIM SUBMISSION

The Medicare timely filing requirement is one calendar year from the date of service; this includes resubmission of corrected claims that were not able to be processed. No reimbursement will be made for claims received beyond this date. Claims received after the timely filing deadline will be considered a provider



Benefit Options

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liability and members may not be billed for services. Include applicable arch, quadrant or tooth identifiers when billing for dental services.

Submit claims in one of these formats:

- Envolve Dental Provider Web Portal at: [envolvedental.com/logon](http://envolvedental.com/logon)
- Electronic claim submission through selected clearinghouses: Payor ID 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper claims must be submitted on a current (2012 or later) ADA red or blue original claim form (copies and handwritten or faxed forms are not accepted) and mailed to:

Envolve Dental Medicare Claims  
PO Box 23768  
Tampa, FL 33623-3768

### Billing for Crowns and Dentures

For crowns and dentures, the date of service must be billed according to the seat date/date of insertion.

### RECONSIDERATIONS & APPEALS

All Medicare appeals or claim reconsiderations must be received within 60 days of the date of the Explanation of Payment (EOP). Submissions must include documentation of the original claim or remittance notification showing the denial, any clinical records, and other documentation that supports the provider's argument for reimbursement. Please call Provider Customer Service with any questions.

#### ***Medicare Claims Reconsiderations***

Contracted providers do not have Medicare appeal rights; however, Envolve has a reconsideration process for review of any contracted provider claim issues. To request a reconsideration of a Medicare claim, providers should mail the documentation listed above as indicated below.

#### ***Medicare Provider Appeals***

Non-contracted providers have Medicare appeal rights. Request for appeals must be accompanied by a Waiver of Liability (WOL) form, along with the above documentation mailed to the applicable address as indicated below.

Health Plan	Provider Medicare Claim Appeals  <b><i>Non-Contracted Providers Only</i></b>	Medicare Member Appeals	Provider Medicare Claims Reconsiderations  <b><i>All Providers</i></b>
<b>Wellcare</b>	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Wellcare Member Appeals P.O. Box 31368 Tampa, FL 33631-3368	
<b>Wellcare By Allwell, Wellcare By Trillium or Wellcare By Health Net</b>	Grievance and Appeals – Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Appeals and Grievances Medicare Operations 7700 Forsyth Blvd. St. Louis, MO 63105	Envolve Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768

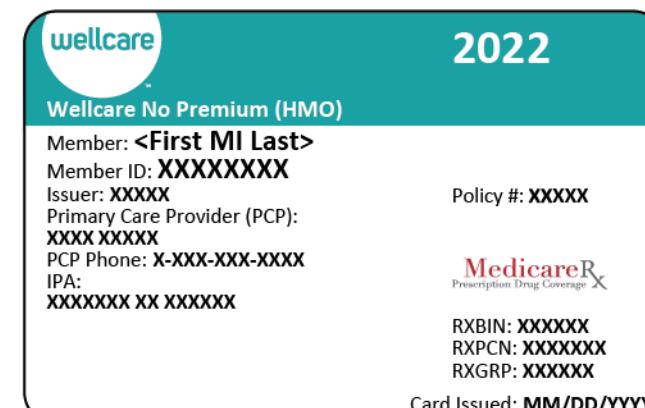
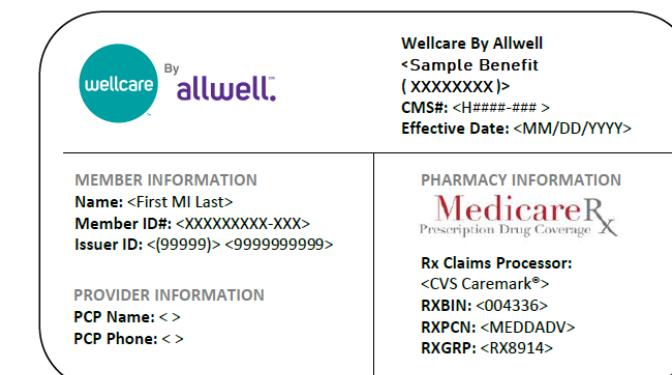


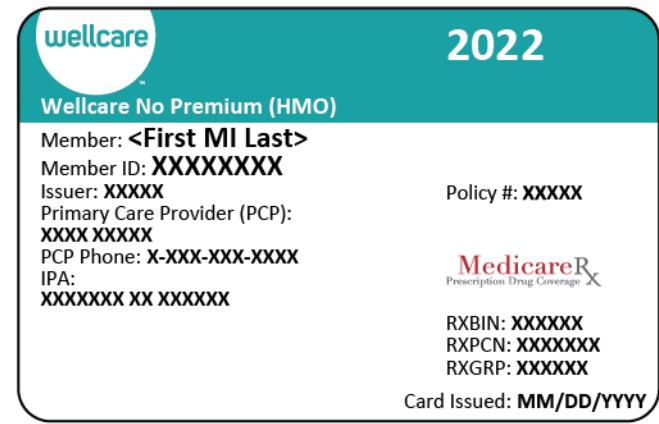
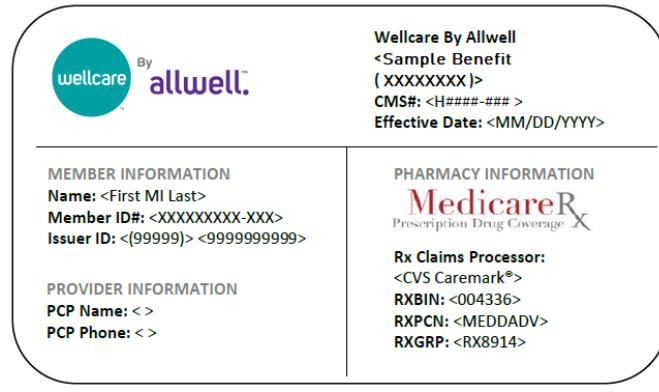
Benefit Options

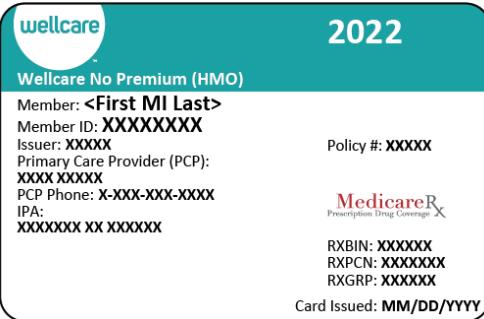
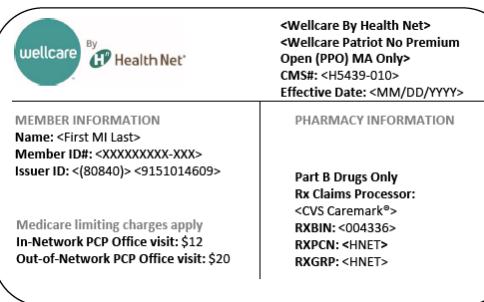
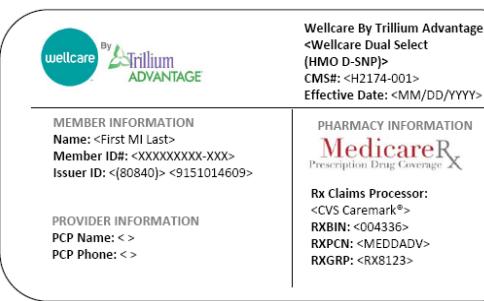
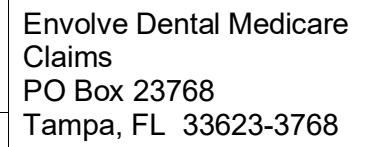
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ENVOLVE DENTAL HELP AT A GLANCE	
<b>SECURE PROVIDER WEB PORTAL</b> <a href="http://envolvedental.com/logon">envolvedental.com/logon</a> <ul style="list-style-type: none"><li>• Verify member benefits and eligibility</li><li>• File claims and review claim status</li><li>• Download, research, and reprint EOPs</li><li>• Access important provider information<ul style="list-style-type: none"><li>◦ Covered dental codes and details</li><li>◦ Clinical policy guidelines</li><li>◦ Documentation to support claims</li><li>◦ Provider manual (link), training, bulletins</li></ul></li></ul>	<b>ENVOLVE DENTAL PUBLIC WEBSITE</b> <a href="http://envolvedental.com">envolvedental.com</a> <ul style="list-style-type: none"><li>• Provider Training Resources</li><li>• Customer Service Contact Numbers</li><li>• View Member ID card examples</li><li>• Update provider forms, including:<ul style="list-style-type: none"><li>◦ Electronic Funds Transfers (EFT)</li><li>◦ Disclosure of Ownership (DOO)</li><li>◦ Credentialing documents</li></ul></li><li>• Read timely provider news and newsletters</li></ul>
<b>MEDICARE BENEFIT DETAILS</b> Please see the applicable Medicare Quick Reference Guide on <a href="http://envolvedental.com">envolvedental.com</a> and the <a href="#">PWP</a> for specific dental codes covered per plan type (depending on member eligibility and options selected).	<b>CONTACT INFORMATION</b> Please refer to our <i>Wellcare Key Contacts</i> on the next page for specific dental provider phone numbers and addresses applicable to your state.

## Envolve Dental 2022 Medicare Key Contacts – Wellcare Health Plans

State	Health Plan	Envolve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples				
AL	<b>Wellcare</b>	(833) 464-1719	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						
AZ	<b>Wellcare and Wellcare By Allwell</b>	(844) 876-2028	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						
FL	<b>Wellcare and Wellcare By Allwell</b>	(888) 983-4691	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		 <p><b>Wellcare</b> <b>2022</b></p> <p><b>Wellcare No Premium (HMO)</b></p> <p>Member: &lt;First MI Last&gt; Member ID: XXXXXXXX Issuer: XXXXXX Primary Care Provider (PCP): XXXX XXXXX PCP Phone: X-XXX-XXX-XXXX IPA: XXXXXXXX XX XXXXXX</p> <p><b>Medicare R</b> Prescription Drug Coverage X</p> <p>RXBIN: XXXXXX RXPNCN: XXXXXX RXGRP: XXXXXX</p> <p>Card Issued: MM/DD/YYYY</p>				
			Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822						
GA	<b>Wellcare and Wellcare By Allwell</b>	(844) 464-5632	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		 <p><b>Wellcare By Allwell</b> &lt;Sample Benefit (XXXXXXX)&gt; CMS#: &lt;H###-##&gt; Effective Date: &lt;MM/DD/YYYY&gt;</p> <table border="1"> <tr> <td><b>MEMBER INFORMATION</b> Name: &lt;First MI Last&gt; Member ID#: &lt;XXXXXXXX-XX&gt; Issuer ID: &lt;(99999)&gt; &lt;9999999999&gt;</td> <td><b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage X</td> </tr> <tr> <td><b>PROVIDER INFORMATION</b> PCP Name: &lt;&gt; PCP Phone: &lt;&gt;</td> <td>Rx Claims Processor: &lt;CVS Caremark®&gt; RXBIN: &lt;004336&gt; RXPNCN: &lt;MEDDADV&gt; RXGRP: &lt;RX8914&gt;</td> </tr> </table>	<b>MEMBER INFORMATION</b> Name: <First MI Last> Member ID#: <XXXXXXXX-XX> Issuer ID: <(99999)> <9999999999>	<b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage X	<b>PROVIDER INFORMATION</b> PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark®> RXBIN: <004336> RXPNCN: <MEDDADV> RXGRP: <RX8914>
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<b>PROVIDER INFORMATION</b> PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark®> RXBIN: <004336> RXPNCN: <MEDDADV> RXGRP: <RX8914>								
Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822									
IN	<b>Wellcare By Allwell</b>	(855) 609-5157	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822						
KS	<b>Wellcare By Allwell</b>	(855) 434-9245	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822						

State	Health Plan	Envolve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples				
LA	<b>Wellcare and</b>  <b>Wellcare By Allwell</b>	(844) 342-5582	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		 <p><b>Wellcare</b> <b>2022</b></p> <p><b>Wellcare No Premium (HMO)</b></p> <p>Member: &lt;First MI Last&gt; Member ID: XXXXXXXX Issuer: XXXXX Primary Care Provider (PCP): XXXX XXXXX PCP Phone: X-XXX-XXX-XXXX IPA: XXXXXXX XX XXXXXX</p> <p><b>Medicare R</b> Prescription Drug Coverage</p> <p>RXBIN: XXXXXX RXPCN: XXXXXX RXGRP: XXXXXX</p> <p>Card Issued: MM/DD/YYYY</p>				
			Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822						
MA	<b>Wellcare</b>	(833) 408-2624	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						
ME	<b>Wellcare</b>	(833) 393-1623	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						
MO	<b>Wellcare and</b>  <b>Wellcare By Allwell</b>	(855) 434-9240	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	<p>Envolve Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768</p>	 <p><b>Wellcare By Allwell</b> &lt;Sample Benefit (XXXXXXX)&gt; CMS#: &lt;H## #-##&gt; Effective Date: &lt;MM/DD/YYYY&gt;</p> <table border="1"> <tr> <td><b>MEMBER INFORMATION</b> Name: &lt;First MI Last&gt; Member ID#: &lt;XXXXXXXX-XXX&gt; Issuer ID: &lt;(99999)&gt; &lt;9999999999&gt;</td> <td><b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage</td> </tr> <tr> <td><b>PROVIDER INFORMATION</b> PCP Name: &lt;&gt; PCP Phone: &lt;&gt;</td> <td>Rx Claims Processor: &lt;CVS Caremark®&gt; RXBIN: &lt;004336&gt; RXPCN: &lt;MEDDADV&gt; RXGRP: &lt;RX8914&gt;</td> </tr> </table>	<b>MEMBER INFORMATION</b> Name: <First MI Last> Member ID#: <XXXXXXXX-XXX> Issuer ID: <(99999)> <9999999999>	<b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage	<b>PROVIDER INFORMATION</b> PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark®> RXBIN: <004336> RXPCN: <MEDDADV> RXGRP: <RX8914>
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Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822									
NC	<b>Wellcare</b>	(833) 813-0532	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						
NE	<b>Wellcare</b>	(833) 605-2784	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						

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NH	<b>Wellcare</b>	(833) 795-0256	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		 <p><b>Wellcare</b> <b>2022</b></p> <p><b>Wellcare No Premium (HMO)</b></p> <p>Member: &lt;First MI Last&gt; Member ID: XXXXXXXX Issuer: XXXXX Primary Care Provider (PCP): XXXX XXXXX PCP Phone: X-XXX-XXX-XXXX IPA: XXXXXXXX XX XXXXXX</p> <p>Policy #: XXXXX Medicare R Prescription Drug Coverage X</p> <p>RXBIN: XXXXXX RXPNCN: XXXXXXXX RXGRP: XXXXXX Card Issued: MM/DD/YYYY</p>				
NJ	<b>Wellcare</b>	(833) 561-1321	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		 <p><b>Wellcare By Allwell</b> <b>Sample Benefit</b> (XXXXXXX)&gt; CMS#: &lt;#-##-##&gt; Effective Date: &lt;MM/DD/YYYY&gt;</p> <table border="1"> <tr> <td><b>MEMBER INFORMATION</b> Name: &lt;First MI Last&gt; Member ID#: &lt;XXXXXXXX-XX&gt; Issuer ID: &lt;(99999)&gt; &lt;9999999999&gt;</td> <td><b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage X</td> </tr> <tr> <td><b>PROVIDER INFORMATION</b> PCP Name: &lt;&gt; PCP Phone: &lt;&gt;</td> <td>Rx Claims Processor: &lt;CVS Caremark&gt; RXBIN: &lt;004336&gt; RXPNCN: &lt;MEDDADV&gt; RXGRP: &lt;RX8914&gt;</td> </tr> </table>	<b>MEMBER INFORMATION</b> Name: <First MI Last> Member ID#: <XXXXXXXX-XX> Issuer ID: <(99999)> <9999999999>	<b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage X	<b>PROVIDER INFORMATION</b> PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPNCN: <MEDDADV> RXGRP: <RX8914>
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<b>PROVIDER INFORMATION</b> PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPNCN: <MEDDADV> RXGRP: <RX8914>								
NM	<b>Wellcare By Allwell</b>	(844) 732-3046	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		 <p><b>Wellcare By Allwell</b> <b>Health Net</b> <b>Wellcare By Health Net</b></p> <p>&lt;Wellcare Patriot No Premium Open (PPO) MA Only&gt; CMS#: &lt;H5439-010&gt; Effective Date: &lt;MM/DD/YYYY&gt;</p> <table border="1"> <tr> <td><b>MEMBER INFORMATION</b> Name: &lt;First MI Last&gt; Member ID#: &lt;XXXXXXXX-XX&gt; Issuer ID: &lt;(80840)&gt; &lt;9151014609&gt;</td> <td><b>PHARMACY INFORMATION</b></td> </tr> <tr> <td>Medicare limiting charges apply In-Network PCP Office visit: \$12 Out-of-Network PCP Office visit: \$20</td> <td>Part B Drugs Only Rx Claims Processor: &lt;CVS Caremark&gt; RXBIN: &lt;004336&gt; RXPNCN: &lt;HNET&gt; RXGRP: &lt;HNET&gt;</td> </tr> </table>	<b>MEMBER INFORMATION</b> Name: <First MI Last> Member ID#: <XXXXXXXX-XX> Issuer ID: <(80840)> <9151014609>	<b>PHARMACY INFORMATION</b>	Medicare limiting charges apply In-Network PCP Office visit: \$12 Out-of-Network PCP Office visit: \$20	Part B Drugs Only Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPNCN: <HNET> RXGRP: <HNET>
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NV	<b>Wellcare By Allwell</b>	(833) 605-6279	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		 <p><b>Wellcare By Trillium ADVANTAGE</b> <b>Wellcare By Trillium Advantage</b></p> <p>&lt;Wellcare Dual Select (HMO D-SNP)&gt; CMS#: &lt;H2174-001&gt; Effective Date: &lt;MM/DD/YYYY&gt;</p> <table border="1"> <tr> <td><b>MEMBER INFORMATION</b> Name: &lt;First MI Last&gt; Member ID#: &lt;XXXXXXXX-XX&gt; Issuer ID: &lt;(80840)&gt; &lt;9151014609&gt;</td> <td><b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage X</td> </tr> <tr> <td>PROVIDER INFORMATION PCP Name: &lt;&gt; PCP Phone: &lt;&gt;</td> <td>Rx Claims Processor: &lt;CVS Caremark&gt; RXBIN: &lt;004336&gt; RXPNCN: &lt;MEDDADV&gt; RXGRP: &lt;RX8123&gt;</td> </tr> </table>	<b>MEMBER INFORMATION</b> Name: <First MI Last> Member ID#: <XXXXXXXX-XX> Issuer ID: <(80840)> <9151014609>	<b>PHARMACY INFORMATION</b> <b>Medicare R</b> Prescription Drug Coverage X	PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPNCN: <MEDDADV> RXGRP: <RX8123>
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PROVIDER INFORMATION PCP Name: <> PCP Phone: <>	Rx Claims Processor: <CVS Caremark> RXBIN: <004336> RXPNCN: <MEDDADV> RXGRP: <RX8123>								
OH	<b>Wellcare By Allwell</b>	(844) 464-5634	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		 <p>Envolve Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768</p>				
OK	<b>Wellcare</b>	(833) 755-0120	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368						
OR	<b>Wellcare By Trillium</b>  <b>Wellcare By Health Net</b>	(833) 447-0693	Wellcare By Trillium Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822						
			Wellcare By Health Net Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822						

State	Health Plan	Envolve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Claims/Reconsiderations PO Box (All Providers)	Member ID Card Examples
PA	<b>Wellcare By Allwell</b>	(844) 524-8255	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
SC	<b>Wellcare and Wellcare By Allwell</b>	(844) 617-2618	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
			Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
TN	<b>Wellcare</b>	(833) 692-0219	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
TX	<b>Wellcare and Wellcare By Allwell</b>	(855) 586-1417	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
			Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		
WA	<b>Wellcare and Wellcare By Allwell</b>	844) 826-8890	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368		
			Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822		

